

Senate Study Bill 1181 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON MATHIS)

A BILL FOR

1 An Act relating to the redesign of mental health and
2 disabilities services administered by regions comprised of
3 counties.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 135.180, subsection 3, Code 2015, is
2 amended to read as follows:

3 3. The program shall provide stipends to support
4 psychiatrist positions with an emphasis on securing and
5 retaining medical directors at community mental health
6 centers, ~~providers of mental health services to county~~
7 ~~residents pursuant to a waiver approved under section 225C.7,~~
8 ~~subsection 3, Code 2011,~~ designated under chapter 230A and
9 hospital psychiatric units that are located in mental health
10 professional shortage areas.

11 Sec. 2. Section 222.1, Code 2015, is amended to read as
12 follows:

13 **222.1 Purpose of chapter — state resource centers — special**
14 **unit at state mental health institute.**

15 1. This chapter addresses the public and private services
16 available in this state to meet the needs of persons with an
17 intellectual disability. The responsibility of counties, of
18 the mental health and disability service regions formed by
19 counties, and of the state for the costs and administration of
20 publicly funded services shall be as set out in section 222.60
21 and other pertinent sections of this chapter.

22 ~~1.~~ 2. The Glenwood state resource center and the Woodward
23 state resource center are established and shall be maintained
24 as the state's regional resource centers for the purpose of
25 providing treatment, training, instruction, care, habilitation,
26 and support of persons with an intellectual disability or other
27 disabilities in this state, and providing facilities, services,
28 and other support to the communities located in the region
29 being served by a state resource center. In addition, the
30 state resource centers are encouraged to serve as a training
31 resource for community-based program staff, medical students,
32 and other participants in professional education programs. A
33 resource center may request the approval of the council on
34 human services to change the name of the resource center for
35 use in communication with the public, in signage, and in other

1 forms of communication.

2 ~~2.~~ 3. A special intellectual disability unit may be
3 maintained at one of the state mental health institutes for the
4 purposes set forth in sections 222.88 to 222.91.

5 Sec. 3. Section 222.2, subsection 3, Code 2015, is amended
6 by striking the subsection.

7 Sec. 4. Section 222.2, Code 2015, is amended by adding the
8 following new subsections:

9 NEW SUBSECTION. 5A. *“Mental health and disability services*
10 *region”* means a mental health and disability services region
11 formed in accordance with section 331.389.

12 NEW SUBSECTION. 5B. *“Regional administrator”* means the
13 regional administrator of a mental health and disability
14 services region, as defined in section 331.388.

15 Sec. 5. Section 222.6, Code 2015, is amended to read as
16 follows:

17 **222.6 State districts.**

18 The administrator shall divide the state into two districts
19 in such manner that one of the resource centers shall be
20 located within each of the districts. Such districts may
21 from time to time be changed. After such districts have been
22 established, the administrator shall notify all boards of
23 supervisors, regional administrators of the mental health and
24 disability services regions, county auditors, and clerks of
25 the district courts of the action. Thereafter, unless the
26 administrator otherwise orders, all admissions of persons with
27 an intellectual disability from a district shall be to the
28 resource center located within such district.

29 Sec. 6. Section 222.12, subsection 2, Code 2015, is amended
30 to read as follows:

31 2. Notice of the death of the patient, and the cause
32 of death, shall be sent to the ~~county board of supervisors~~
33 regional administrator of the mental health and disability
34 services region of the patient’s county of residence. The
35 fact of death with the time, place, and alleged cause shall be

1 entered upon the docket of the court.

2 Sec. 7. Section 222.13, Code 2015, is amended to read as
3 follows:

4 **222.13 Voluntary admissions.**

5 1. If an adult person is believed to be a person with
6 an intellectual disability, the adult person or the adult
7 person's guardian may ~~submit a request in writing through the~~
8 ~~central point of coordination process for the county board~~
9 ~~of supervisors of the adult person's county of residence to~~
10 apply to the department and the superintendent of any state
11 resource center for the voluntary admission of the adult person
12 either as an inpatient or an outpatient of the resource center.
13 ~~The board of supervisors shall, on forms prescribed by the~~
14 ~~department's administrator, apply to the superintendent of~~
15 ~~the resource center in the district for the admission of the~~
16 ~~adult person to the resource center.~~ If the expenses of the
17 person's admission or placement are payable in whole or in
18 part by the person's county of residence, application for the
19 admission shall be made through the regional administrator for
20 the county. An application for admission to a special unit of
21 any adult person believed to be in need of any of the services
22 provided by the special unit under section 222.88 may be made
23 in the same manner, ~~upon request of the adult person or the~~
24 ~~adult person's guardian.~~ The superintendent shall accept the
25 application if a preadmission diagnostic evaluation, ~~performed~~
26 ~~through the central point of coordination process,~~ confirms or
27 establishes the need for admission, except that an application
28 shall not be accepted if the institution does not have adequate
29 facilities available or if the acceptance will result in an
30 overcrowded condition.

31 2. If the resource center ~~has no~~ does not have an
32 appropriate program for the treatment of an adult or minor
33 person with an intellectual disability applying under this
34 section or section 222.13A, the board of supervisors regional
35 administrator for the person's county of residence or the

1 department, as applicable, shall arrange for the placement of
2 the person in any public or private facility within or without
3 the state, approved by the director ~~of the department~~ of human
4 services, which offers appropriate services for the person, ~~as~~
5 ~~determined through the central point of coordination process.~~
6 If the expenses of the placement are payable in whole or in
7 part by a county, the placement shall be made by the regional
8 administrator for the county.

9 3. ~~Upon applying for admission~~ If the expenses of an
10 admission of an adult ~~or minor person~~ to a resource center, or
11 a special unit, or ~~upon arranging for~~ of the placement of the
12 person in a public or private facility are payable in whole
13 or in part by a county, the ~~board of supervisors~~ regional
14 administrator for the county shall make a full investigation
15 into the financial circumstances of ~~that~~ the person and those
16 liable for ~~that~~ the person's support under section 222.78
17 to determine whether or not any of them are able to pay the
18 expenses arising out of the admission of the person to a
19 resource center, special ~~treatment~~ unit, or public or private
20 facility. If the ~~board~~ regional administrator finds that
21 the person or those legally responsible for the person are
22 presently unable to pay the expenses, the ~~board shall direct~~
23 ~~that~~ regional administrator shall pay the expenses ~~be paid~~
24 ~~by~~ payable by a county on behalf of the county. The ~~board~~
25 regional administrator may review ~~its~~ such a finding at any
26 subsequent time while the person remains at the resource
27 center, or is otherwise receiving care or treatment for
28 which this chapter obligates the county to pay. If the ~~board~~
29 regional administrator finds upon review that the person or
30 those legally responsible for the person are presently able to
31 pay the expenses, the finding shall apply only to the charges
32 incurred during the period beginning on the date of the review
33 and continuing thereafter, unless and until the ~~board~~ regional
34 administrator again changes ~~its~~ such a finding. If the ~~board~~
35 regional administrator finds that the person or those legally

1 responsible for the person are able to pay the expenses, the
2 ~~board shall direct that~~ regional administrator shall collect
3 the charges ~~be so paid~~ to the extent required by section
4 222.78, and the ~~county auditor~~ regional administrator shall
5 be responsible for the ~~collection~~ payment of the remaining
6 charges.

7 Sec. 8. Section 222.13A, Code 2015, is amended to read as
8 follows:

9 **222.13A Voluntary admissions — minors.**

10 1. If a minor is believed to be a person with an
11 intellectual disability, the minor's parent, guardian, or
12 custodian may ~~request the county board of supervisors to~~
13 apply to the department for admission of the minor as a
14 voluntary patient in a state resource center. If the resource
15 center does not have appropriate services for the minor's
16 treatment, the ~~board of supervisors~~ department may arrange for
17 the admission of the minor in a public or private facility
18 within or without the state, approved by the director of human
19 services, which offers appropriate services for the minor's
20 treatment.

21 2. Upon receipt of an application for voluntary admission of
22 a minor, the ~~board of supervisors~~ department shall provide for
23 a preadmission diagnostic evaluation of the minor to confirm
24 or establish the need for the admission. The preadmission
25 diagnostic evaluation shall be performed by a person who meets
26 the qualifications of a qualified intellectual disability
27 professional who is designated ~~through the central point of~~
28 coordination process by the department.

29 3. During the preadmission diagnostic evaluation, the
30 minor shall be informed both orally and in writing that the
31 minor has the right to object to the voluntary admission. If
32 the preadmission diagnostic evaluation determines that the
33 voluntary admission is appropriate but the minor objects to
34 the admission, the minor shall not be admitted to the state
35 resource center unless the court approves of the admission. A

1 petition for approval of the minor's admission may be submitted
2 to the juvenile court by the minor's parent, guardian, or
3 custodian.

4 4. As soon as practicable after the filing of a petition for
5 approval of the voluntary admission, the court shall determine
6 whether the minor has an attorney to represent the minor in the
7 proceeding. If the minor does not have an attorney, the court
8 shall assign to the minor an attorney. If the minor is unable
9 to pay for an attorney, the attorney shall be compensated by
10 the county at an hourly rate to be established by the ~~county~~
11 ~~board of supervisors~~ regional administrator in substantially
12 the same manner as provided in section 815.7.

13 5. The court shall order the admission of a minor who
14 objects to the admission, only after a hearing in which it
15 is shown by clear and convincing evidence that both of the
16 following circumstances exist:

17 a. The minor needs and will substantially benefit from
18 treatment or habilitation.

19 b. A placement which involves less restriction of the
20 minor's liberties for the purposes of treatment or habilitation
21 is not feasible.

22 Sec. 9. Section 222.14, Code 2015, is amended to read as
23 follows:

24 **222.14 Care by ~~county~~ region pending admission.**

25 If the institution is unable to receive a patient, the
26 superintendent shall notify the ~~county board of supervisors~~
27 ~~of~~ regional administrator for the county from which the
28 application in behalf of the prospective patient was made of
29 the time when such person may be received. Until such time as
30 the patient is able to be received by the institution, or when
31 application has been made for admission to a public or private
32 facility as provided in section 222.13 and the application is
33 pending, the care of ~~said person~~ the patient shall be provided
34 as arranged by the ~~county board of supervisors~~ regional
35 administrator.

1 Sec. 10. Section 222.59, subsection 1, unnumbered paragraph
2 1, Code 2015, is amended to read as follows:

3 Upon receiving a request from an authorized requester, the
4 superintendent of a state resource center shall coordinate
5 with the ~~central point of coordination process regional~~
6 administrator for the person's county of residence or
7 the department, as applicable, in assisting the requester
8 in identifying available community-based services as an
9 alternative to continued placement of a patient in the state
10 resource center. For the purposes of this section, "*authorized*
11 *requester*" means the parent, guardian, or custodian of a minor
12 patient, the guardian of an adult patient, or an adult patient
13 who does not have a guardian. The assistance shall identify
14 alternatives to continued placement which are appropriate to
15 the patient's needs and shall include but are not limited to
16 any of the following:

17 Sec. 11. Section 222.60, subsections 1 and 2, Code 2015, are
18 amended to read as follows:

19 1. All necessary and legal expenses for the cost of
20 admission or for the treatment, training, instruction, care,
21 habilitation, support, and transportation of persons with
22 an intellectual disability, as provided for in the ~~county~~
23 applicable regional service system management plan provisions
24 implemented pursuant to section 331.439, subsection 1, 331.393
25 in a state resource center, or in a special unit, or any public
26 or private facility within or without the state, approved by
27 the director of human services, shall be paid by either:

28 a. The county of residence, if the person is not eligible
29 for the medical assistance program and the service is covered
30 by the regional service system management plan of the person's
31 county of residence.

32 b. The state when if the person is eligible for the medical
33 assistance program, or if the person is a resident in another
34 state, or in a foreign country, or the residence is unknown.
35 The For persons addressed by this paragraph other than those

1 eligible for the medical assistance program, the payment
2 responsibility shall be deemed to be a state case.

3 2. a. Prior to the regional administrator for a county of
4 residence approving the payment of expenses for a person under
5 this section, the ~~county~~ regional administrator may require
6 that the person be diagnosed to determine if the person has
7 an intellectual disability or that the person be evaluated to
8 determine the appropriate level of services required to meet
9 the person's needs relating to an intellectual disability. The
10 diagnosis and the evaluation may be performed concurrently and
11 shall be performed by an individual or individuals approved
12 by the regional administrator for the person's county who
13 are qualified to perform the diagnosis or the evaluation.
14 Following the initial approval for payment of expenses, the
15 county regional administrator may require that an evaluation be
16 performed at reasonable time periods.

17 b. The cost of a ~~county-required~~ regional
18 administrator-required diagnosis and an evaluation is
19 at the county's expense. For a state case, the state may apply
20 the diagnosis and evaluation provisions of this subsection at
21 the state's expense.

22 c. A diagnosis or an evaluation under this section may be
23 part of a ~~county's central point of coordination process under~~
24 ~~section 331.440, diagnosis and assessment process implemented~~
25 by the applicable regional administrator, provided that a
26 diagnosis is performed only by an individual qualified as
27 provided in this section.

28 Sec. 12. Section 222.61, Code 2015, is amended to read as
29 follows:

30 **222.61 Residency determined.**

31 When a county receives an application on behalf of any
32 person for admission to a resource center or a special unit,
33 the board of supervisors shall refer the determination of
34 residency to the ~~central point of coordination process~~ regional
35 administrator for the county to determine and certify that the

1 residence of the person is in one of the following:

- 2 1. In the county in which the application is received.
- 3 2. In some other county of the state.
- 4 3. In another state or in a foreign country.
- 5 4. Unknown.

6 Sec. 13. Section 222.62, Code 2015, is amended to read as
7 follows:

8 **222.62 Residency in another county.**

9 When the board of supervisors determines through the ~~central~~
10 ~~point of coordination process~~ regional administrator for the
11 county that the residency of the person is other than in the
12 county in which the application is received, the determination
13 shall be certified to the superintendent of the resource
14 center or the special unit where the person is a patient. The
15 certification shall be accompanied by a copy of the evidence
16 supporting the determination. ~~The~~ If the person is not
17 eligible for the medical assistance program, the superintendent
18 shall charge the expenses already incurred and unadjusted, and
19 all future expenses of the patient, to the county certified to
20 be the county of residency.

21 Sec. 14. Section 222.63, Code 2015, is amended to read as
22 follows:

23 **222.63 Finding of residency — objection.**

24 A ~~board of supervisors' certification utilizing the~~
25 ~~central point of coordination process~~ through the regional
26 administrator for a county that a person's residency is
27 in another county shall be sent to the ~~auditor of~~ regional
28 administrator for the county of residence. The certification
29 shall be accompanied by a copy of the evidence supporting the
30 determination. The ~~auditor of~~ regional administrator for
31 the county of residence shall submit the certification to
32 the regional governing board of supervisors of the auditor's
33 for the county and it shall be conclusively presumed that
34 the patient has residency in that county unless the regional
35 administrator for that county disputes the determination of

1 residency as provided in section 331.394.

2 Sec. 15. Section 222.64, Code 2015, is amended to read as
3 follows:

4 **222.64 Foreign state or country or unknown residency.**

5 If the residency of the person is determined by a regional
6 administrator on behalf of a county or by the state to be in
7 a foreign state or country or is determined to be unknown,
8 the ~~county~~ regional administrator or the state shall certify
9 the determination ~~to the administrator~~. The certification
10 shall be accompanied by a copy of the evidence supporting the
11 determination. The care of the person shall be as arranged by
12 the ~~county~~ regional administrator or the state. Application
13 for admission may be made pending investigation by the
14 administrator.

15 Sec. 16. Section 222.73, subsection 2, paragraph a,
16 subparagraph (6), Code 2015, is amended to read as follows:

17 (6) A county shall not be billed for the cost of a patient
18 unless the patient's admission is authorized through the
19 applicable ~~central point of coordination process~~ regional
20 administrator. The state resource center and the ~~county~~
21 regional administrator shall work together to locate
22 appropriate alternative placements and services, and to educate
23 patients and the family members of patients regarding such
24 alternatives.

25 Sec. 17. Section 222.73, subsection 2, paragraph b, Code
26 2015, is amended to read as follows:

27 b. The per diem costs billed to each county shall not exceed
28 the per diem costs billed to the county in the fiscal year
29 beginning July 1, 1996. However, the per diem costs billed
30 to a county may be adjusted ~~in~~ for a fiscal year to reflect
31 increased costs to the extent of the percentage increase in the
32 ~~total of county fixed budgets pursuant to the allowed growth~~
33 ~~factor adjustment authorized~~ statewide per capita expenditure
34 target amount, if any per capita growth amount is authorized by
35 the general assembly for that fiscal year in accordance with

1 section ~~331.439~~ 331.424A.

2 Sec. 18. Section 222.74, Code 2015, is amended to read as
3 follows:

4 **222.74 Duplicate to county.**

5 When certifying to the department amounts to be charged
6 against each county as provided in section 222.73, the
7 superintendent shall send to the county auditor and the
8 regional administrator for of each county against which the
9 superintendent has so certified any amount, a duplicate of
10 the certification statement. The county auditor upon receipt
11 of the duplicate certification statement and approval by the
12 regional administrator for payment of the certified amount
13 shall enter it to the credit of the state in the ledger of
14 state accounts, and shall immediately issue a notice to the
15 county treasurer authorizing the treasurer to transfer the
16 amount from the county fund to the general state revenue. The
17 county treasurer shall file the notice as authority for making
18 the transfer and shall include the amount transferred in the
19 next remittance of state taxes to the treasurer of state,
20 designating the fund to which the amount belongs.

21 Sec. 19. Section 222.92, subsection 3, paragraph a, Code
22 2015, is amended to read as follows:

23 a. Moneys received by the state from billings to counties
24 and regional administrators for the counties.

25 Sec. 20. Section 225.1, Code 2015, is amended to read as
26 follows:

27 **225.1 Establishment — definitions.**

28 1. There shall be established a The state psychiatric
29 hospital, is established. The hospital shall be especially
30 designed, kept, and administered for the care, observation,
31 and treatment of those persons who are afflicted with abnormal
32 mental conditions.

33 2. For the purposes of this chapter, unless the context
34 otherwise requires:

35 a. "Mental health and disability services region" means

1 a mental health and disability services region approved in
2 accordance with section 331.389.

3 b. "Regional administrator" means the administrator of a
4 mental health and disability services region, as defined in
5 section 331.388.

6 Sec. 21. Section 225.10, unnumbered paragraph 1, Code 2015,
7 is amended to read as follows:

8 Persons suffering from mental diseases may be admitted to
9 the state psychiatric hospital as voluntary public patients
10 if a physician authorized to practice medicine or osteopathic
11 medicine in the state of Iowa files information with the ~~board~~
12 ~~of supervisors~~ regional administrator of the person's county
13 of residence ~~or the board's designee~~, stating all of the
14 following:

15 Sec. 22. Section 225.11, Code 2015, is amended to read as
16 follows:

17 **225.11 Initiating commitment procedures.**

18 When a court finds upon completion of a hearing held pursuant
19 to section 229.12 that the contention that a respondent is
20 seriously mentally impaired has been sustained by clear and
21 convincing evidence, and the application filed under section
22 229.6 also contends or the court otherwise concludes that it
23 would be appropriate to refer the respondent to the state
24 psychiatric hospital for a complete psychiatric evaluation and
25 appropriate treatment pursuant to section 229.13, the judge
26 may order that a financial investigation be made in the manner
27 prescribed by section 225.13. If the costs of a respondent's
28 evaluation or treatment are payable in whole or in part by
29 a county, an order under this section shall be for referral
30 of the respondent through the ~~central point of coordination~~
31 ~~process~~ regional administrator for the respondent's county of
32 residence for an evaluation and referral of the respondent
33 to an appropriate placement or service, which may include
34 the state psychiatric hospital for additional evaluation or
35 treatment. ~~For purposes of this chapter, "central point of~~

1 ~~coordination process" means the same as defined in section~~
2 ~~331.440.~~

3 Sec. 23. Section 225.12, Code 2015, is amended to read as
4 follows:

5 **225.12 Voluntary public patient — physician's report.**

6 A physician filing information under section 225.10 shall
7 include a written report to the ~~county board of supervisors~~
8 ~~or the board's designee~~ regional administrator for the
9 county of residence of the person named in the information,
10 giving a history of the case as will be likely to aid in the
11 observation, treatment, and hospital care of the person named
12 ~~in the information~~ and describing the history in detail.

13 Sec. 24. Section 225.13, Code 2015, is amended to read as
14 follows:

15 **225.13 Financial condition.**

16 The ~~county board of supervisors or the board's designee~~
17 regional administrator of the county of residence of a person
18 being admitted to the state psychiatric hospital is responsible
19 for investigating the financial condition of ~~a person being~~
20 ~~admitted to the state psychiatric hospital~~ the person and of
21 those legally responsible for the person's support.

22 Sec. 25. Section 225.15, Code 2015, is amended to read as
23 follows:

24 **225.15 Examination and treatment.**

25 1. When a respondent arrives at the state psychiatric
26 hospital, the admitting physician shall examine the respondent
27 and determine whether or not, in the physician's judgment, the
28 respondent is a fit subject for observation, treatment, and
29 hospital care. If, upon examination, the physician decides
30 that the respondent should be admitted to the hospital, the
31 respondent shall be provided a proper bed in the hospital. The
32 physician who has charge of the respondent shall proceed with
33 observation, medical treatment, and hospital care as in the
34 physician's judgment are proper and necessary, in compliance
35 with sections 229.13 to 229.16. After the respondent's

1 admission, the observation, medical treatment, and hospital
2 care of the respondent may be provided by a mental health
3 professional, as defined in section 228.1, who is licensed as a
4 physician, advanced registered nurse practitioner, or physician
5 assistant.

6 2. A proper and competent nurse shall also be assigned to
7 look after and care for the respondent during observation,
8 treatment, and care. Observation, treatment, and hospital care
9 under this section which are payable in whole or in part by a
10 county shall only be provided as determined through the ~~central~~
11 ~~point of coordination process~~ regional administrator of the
12 respondent's county of residence.

13 Sec. 26. Section 225.16, subsection 1, Code 2015, is amended
14 to read as follows:

15 1. If the ~~county board of supervisors or the board's~~
16 ~~designee~~ regional administrator for a person's county of
17 residence finds from the physician's information which was
18 filed under the provisions of section 225.10 that it would
19 be appropriate for the person to be admitted to the state
20 psychiatric hospital, and the report of the ~~county board of~~
21 ~~supervisors or the board's designee~~ regional administrator made
22 pursuant to section 225.13 shows that the person and those who
23 are legally responsible for the person are not able to pay the
24 expenses incurred at the hospital, or are able to pay only a
25 part of the expenses, the person shall be considered to be a
26 voluntary public patient and the ~~board of supervisors~~ regional
27 administrator shall direct that the person shall be sent to the
28 state psychiatric hospital at the state university of Iowa for
29 observation, treatment, and hospital care.

30 Sec. 27. Section 225.17, subsection 2, Code 2015, is amended
31 to read as follows:

32 2. When the respondent arrives at the hospital, the
33 respondent shall receive the same treatment as is provided for
34 committed public patients in section 225.15, in compliance with
35 sections 229.13 to 229.16. However, observation, treatment,

1 and hospital care under this section of a respondent whose
2 expenses are payable in whole or in part by a county shall
3 only be provided as determined through the ~~central point of~~
4 ~~coordination process~~ regional administrator of the respondent's
5 county of residence.

6 Sec. 28. Section 225.18, Code 2015, is amended to read as
7 follows:

8 **225.18 Attendants.**

9 The ~~county board of supervisors or the board's designee~~
10 regional administrator may appoint a ~~person~~ attendant to
11 accompany the committed public patient or the voluntary public
12 patient or the committed private patient from the place where
13 the patient may be to the state psychiatric hospital, or to
14 accompany the patient from the hospital to a place as may be
15 designated by the ~~county~~ regional administrator. If a patient
16 is moved pursuant to this section, at least one attendant shall
17 be of the same gender as the patient.

18 Sec. 29. Section 225.19, Code 2015, is amended to read as
19 follows:

20 **225.19 Compensation for attendant.**

21 An individual appointed by the ~~county board of supervisors~~
22 ~~or the board's designee~~ regional administrator in accordance
23 with section 225.18 to accompany a person to or from the
24 hospital or to make an investigation and report on any question
25 involved in the matter shall receive three dollars per day for
26 the time actually spent in making the investigation and actual
27 necessary expenses incurred in making the investigation or
28 trip. This section does not apply to an appointee who receives
29 fixed compensation or a salary.

30 Sec. 30. Section 225.21, Code 2015, is amended to read as
31 follows:

32 **225.21 Compensation claims — filing — approval.**

33 The person making claim to compensation under section 225.19
34 shall file the claim in the office of the county auditor.
35 The claim is subject to review and approval by the ~~board of~~

1 ~~supervisors or the board's designee~~ regional administrator for
2 the county.

3 Sec. 31. Section 225.24, Code 2015, is amended to read as
4 follows:

5 **225.24 Collection of preliminary expense.**

6 Unless a committed private patient or those legally
7 responsible for the patient's support offer to settle the
8 amount of the claims, the county auditor of the person's county
9 of residence shall collect, by action if necessary, the amount
10 of all claims for per diem and expenses that have been approved
11 by the ~~county board of supervisors or the board's designee~~
12 regional administrator for the county and paid by the county
13 as provided under section 225.21. Any amount collected shall
14 be credited to the ~~county treasury~~ county's mental health and
15 disabilities services fund created in accordance with section
16 331.424A.

17 Sec. 32. Section 225.27, Code 2015, is amended to read as
18 follows:

19 **225.27 Discharge — transfer.**

20 The state psychiatric hospital may, at any time, discharge
21 any patient as recovered, as improved, or as not likely to
22 be benefited by further treatment. If the patient being so
23 discharged was involuntarily hospitalized, the hospital shall
24 notify the committing judge or court of the discharge as
25 required by section 229.14 or section 229.16, whichever is
26 applicable, and the applicable regional administrator. Upon
27 receiving the notification, the court shall issue an order
28 confirming the patient's discharge from the hospital or from
29 care and custody, as the case may be, and shall terminate the
30 proceedings pursuant to which the order was issued. The court
31 or judge shall, if necessary, appoint a person to accompany the
32 discharged patient from the state psychiatric hospital to such
33 place as the hospital or the court may designate, or authorize
34 the hospital to appoint such attendant.

35 Sec. 33. Section 225C.2, subsection 2, Code 2015, is amended

1 by striking the subsection.

2 Sec. 34. Section 225C.5, subsection 1, paragraph f, Code
3 2015, is amended to read as follows:

4 *f.* Two members shall be staff members of regional
5 ~~administrators of the central point of coordination process~~
6 ~~established in accordance with section 331.440~~ selected from
7 nominees submitted by the community services affiliate of the
8 Iowa state association of counties.

9 Sec. 35. Section 225C.6, subsection 1, paragraph i,
10 subparagraph (1), Code 2015, is amended to read as follows:

11 (1) The extent to which services to persons with
12 disabilities are actually available to persons in each county
13 and mental health and disability services region in the state
14 and the quality of those services.

15 Sec. 36. Section 225C.6, subsection 1, paragraph m, Code
16 2015, is amended to read as follows:

17 *m.* Identify disability services outcomes and indicators to
18 support the ability of eligible persons with a disability to
19 live, learn, work, and recreate in communities of the persons'
20 choice. The identification duty includes but is not limited to
21 responsibility for identifying, collecting, and analyzing data
22 as necessary to issue reports on outcomes and indicators at the
23 county, region, and state levels.

24 Sec. 37. Section 225C.13, subsection 1, Code 2015, is
25 amended to read as follows:

26 1. The administrator assigned, in accordance with section
27 218.1, to control the state mental health institutes and
28 the state resource centers may enter into agreements under
29 which a facility or portion of a facility administered by the
30 administrator is leased to a department or division of state
31 government, a county or group of counties, a mental health and
32 disability services region, or a private nonprofit corporation
33 organized under chapter 504. A lease executed under this
34 section shall require that the lessee use the leased premises
35 to deliver either disability services or other services

1 normally delivered by the lessee.

2 Sec. 38. Section 225C.14, Code 2015, is amended to read as
3 follows:

4 **225C.14 Preliminary diagnostic evaluation.**

5 1. Except in cases of medical emergency, a person shall be
6 admitted to a state mental health institute as an inpatient
7 only after a preliminary diagnostic evaluation performed
8 through the ~~central point of coordination process~~ regional
9 administrator of the person's county of residence has confirmed
10 that the admission is appropriate to the person's mental health
11 needs, and that no suitable alternative method of providing the
12 needed services in a less restrictive setting or in or nearer
13 to the person's home community is currently available. If
14 provided for through the ~~central point of coordination process~~
15 regional administrator, the evaluation may be performed by a
16 community mental health center or by an alternative diagnostic
17 facility. The policy established by this section shall be
18 implemented in the manner and to the extent prescribed by
19 sections 225C.15, 225C.16 and 225C.17.

20 2. As used in this section and sections 225C.15, 225C.16
21 and 225C.17, the term "*medical emergency*" means a situation
22 in which a prospective patient is received at a state mental
23 health institute in a condition which, in the opinion of the
24 chief medical officer, or that officer's physician designee,
25 requires the immediate admission of the person notwithstanding
26 the policy stated in subsection 1.

27 Sec. 39. Section 225C.15, Code 2015, is amended to read as
28 follows:

29 **225C.15 County implementation of evaluations.**

30 The ~~board of supervisors of~~ regional administrator for a
31 county shall, ~~no later than July 1, 1982,~~ require that the
32 policy stated in section 225C.14 be followed with respect
33 to admission of persons from that county to a state mental
34 health institute. A community mental health center which is
35 supported, directly or in affiliation with other counties, by

1 that county may perform the preliminary diagnostic evaluations
2 for that county, unless the performance of the evaluations
3 is not covered by the agreement entered into by the ~~county~~
4 regional administrator and the center, and the center's
5 director certifies to the ~~board of supervisors~~ regional
6 administrator that the center does not have the capacity to
7 perform the evaluations, in which case the ~~board of supervisors~~
8 regional administrator shall proceed under section 225C.17.

9 Sec. 40. Section 225C.16, Code 2015, is amended to read as
10 follows:

11 **225C.16 Referrals for evaluation.**

12 1. The chief medical officer of a state mental health
13 institute, or that officer's physician designee, shall advise
14 a person residing in that county who applies for voluntary
15 admission, or a person applying for the voluntary admission
16 of another person who resides in that county, in accordance
17 with section 229.41, that the ~~board of supervisors~~ regional
18 administrator for the county has implemented the policy
19 stated in section 225C.14, and shall advise that a preliminary
20 diagnostic evaluation of the prospective patient be sought,
21 if that has not already been done. This subsection does not
22 apply when voluntary admission is sought in accordance with
23 section 229.41 under circumstances which, in the opinion of the
24 chief medical officer or that officer's physician designee,
25 constitute a medical emergency.

26 2. The clerk of the district court in that county shall
27 refer a person applying for authorization for voluntary
28 admission, or for authorization for voluntary admission of
29 another person, in accordance with section 229.42, to the
30 ~~appropriate entity designated through the central point of~~
31 ~~coordination process~~ regional administrator of the person's
32 county of residence under section 225C.14 for the preliminary
33 diagnostic evaluation unless the applicant furnishes a written
34 statement from the appropriate entity which indicates that the
35 evaluation has been performed and that the person's admission

1 to a state mental health institute is appropriate. This
2 subsection does not apply when authorization for voluntary
3 admission is sought under circumstances which, in the opinion
4 of the chief medical officer or that officer's physician
5 designee, constitute a medical emergency.

6 3. Judges of the district court in that county or the
7 judicial hospitalization referee appointed for that county
8 shall so far as possible arrange for the entity designated
9 through the ~~central point of coordination process~~ regional
10 administrator under section 225C.14 to perform a prehearing
11 examination of a respondent required under section 229.8,
12 subsection 3, paragraph "b".

13 4. The chief medical officer of a state mental health
14 institute shall promptly submit to the appropriate entity
15 designated through the ~~central point of coordination process~~
16 regional administrator under section 225C.14 a report of the
17 voluntary admission of a patient under the medical emergency
18 ~~clauses~~ provisions of subsections 1 and 2. The report shall
19 explain the nature of the emergency which necessitated the
20 admission of the patient without a preliminary diagnostic
21 evaluation by the designated entity.

22 Sec. 41. Section 225C.17, Code 2015, is amended to read as
23 follows:

24 **225C.17 Alternative diagnostic facility.**

25 If a county is not served by a community mental health
26 center having the capacity to perform the required preliminary
27 diagnostic evaluations, the ~~board of supervisors~~ regional
28 administrator for the county shall arrange for the evaluations
29 to be performed by an alternative diagnostic facility for
30 the period until the county is served by a community mental
31 health center with the capacity to provide that service. An
32 alternative diagnostic facility may be the outpatient service
33 of a state mental health institute or any other mental health
34 facility or service able to furnish the requisite professional
35 skills to properly perform a preliminary diagnostic evaluation

1 of a person whose admission to a state mental health institute
2 is being sought or considered on either a voluntary or an
3 involuntary basis.

4 Sec. 42. Section 225C.19, subsection 3, paragraphs a, b, and
5 c, Code 2015, are amended to read as follows:

6 a. Standards for accrediting or approving emergency mental
7 health crisis services providers. Such providers may include
8 but are not limited to a community mental health center
9 designated under chapter 230A, a provider approved in a waiver
10 adopted by the commission to provide services to a county
11 in lieu of a community mental health center, a unit of the
12 department or other state agency, a county, a mental health
13 and disability services region, or any other public or private
14 provider who meets the accreditation or approval standards for
15 an emergency mental health crisis services provider.

16 b. Identification by the division of geographic regions,
17 groupings of mental health and disability services regions,
18 service areas, or other means of distributing and organizing
19 the emergency mental health crisis services system to ensure
20 statewide availability of the services.

21 c. Coordination of emergency mental health crisis services
22 with all of the following:

23 (1) The district and juvenile courts.

24 (2) Law enforcement.

25 (3) Judicial district departments of correctional services.

26 (4) ~~County central point of coordination processes~~ Mental
27 health and disability services regions.

28 (5) Other mental health, substance abuse, and co-occurring
29 mental illness and substance abuse services available through
30 the state and counties to serve both children and adults.

31 Sec. 43. Section 225C.20, Code 2015, is amended to read as
32 follows:

33 **225C.20 Responsibilities of counties for individual case**
34 **management services.**

35 Individual case management services funded under medical

1 assistance shall be provided by the department except when a
2 ~~county or a consortium of counties~~ regional administrator for a
3 county contracts with the department to provide the services.
4 A ~~county or consortium of counties~~ regional administrator
5 may contract for one or more counties of the region to be
6 the provider at any time and the department shall agree to
7 the contract so long as the contract meets the standards for
8 case management adopted by the department. The ~~county or~~
9 ~~consortium of counties~~ regional administrator may subcontract
10 for the provision of case management services so long as the
11 subcontract meets the same standards. A ~~county board of~~
12 ~~supervisors~~ regional administrator may change the provider
13 of individual case management services at any time. If the
14 current or proposed contract is with the department, the ~~county~~
15 ~~board of supervisors~~ regional administrator shall provide
16 written notification of a change at least ninety days before
17 the date the change will take effect.

18 Sec. 44. Section 225C.54, subsection 1, Code 2015, is
19 amended to read as follows:

20 1. The mental health services system for children and youth
21 shall be initially implemented by the division commencing
22 with the fiscal year beginning July 1, 2008. The division
23 shall begin implementation by utilizing a competitive bidding
24 process to allocate state block grants to develop services
25 through existing community mental health centers, ~~providers~~
26 ~~approved in a waiver adopted by the commission to provide~~
27 ~~services to a county in lieu of a community mental health~~
28 ~~center,~~ designated under chapter 230A and other local service
29 partners. The implementation shall be limited to the extent of
30 the appropriations provided for the children's system.

31 Sec. 45. Section 226.1, Code 2015, is amended by adding the
32 following new subsection:

33 NEW SUBSECTION. 4. For the purposes of this chapter, unless
34 the context otherwise requires:

35 a. "Administrator" means the person assigned by the

1 director of human services to control the state mental health
2 institutes.

3 *b. "Department" means the department of human services.*

4 *c. "Mental health and disability services region" means*
5 *a mental health and disability services region formed in*
6 *accordance with section 331.389.*

7 *d. "Regional administrator" means the regional administrator*
8 *of a mental health and disability services region, as defined*
9 *in section 331.388.*

10 Sec. 46. Section 226.9C, subsection 2, paragraphs a and c,
11 Code 2015, are amended to read as follows:

12 *a. ~~A county may split the~~ The charges payable by a*
13 *county may be split between the county's mental health and*
14 *disabilities services fund created pursuant to section 331.424A*
15 *and the county's budget for ~~substance abuse~~ substance-related*
16 *disorder expenditures.*

17 *c. (1) Prior to an individual's admission for dual*
18 *diagnosis treatment, the individual shall have been*
19 *prescreened. The person performing the prescreening shall*
20 *be either the mental health professional, as defined in*
21 *section 228.1, who is contracting with the ~~county central~~*
22 *point of coordination process regional administrator for the*
23 *county's mental health and disability services region to*
24 *provide the prescreening or a mental health professional with*
25 *the requisite qualifications. A mental health professional*
26 *with the requisite qualifications shall meet all of the*
27 *following qualifications: is a mental health professional as*
28 *defined in section 228.1, is an alcohol and drug counselor*
29 *certified by the nongovernmental Iowa board of substance abuse*
30 *certification, and is employed by or providing services for a*
31 *facility, as defined in section 125.2.*

32 *(2) Prior to an individual's admission for dual diagnosis*
33 *treatment, the individual shall have been screened through a*
34 *county's ~~central point of coordination process~~ implemented*
35 *pursuant to section 331.440 regional administrator to determine*

1 the appropriateness of the treatment.

2 Sec. 47. Section 226.32, Code 2015, is amended to read as
3 follows:

4 **226.32 Overcrowded conditions.**

5 The administrator shall order the discharge or removal
6 from the hospital of incurable and harmless patients whenever
7 it is necessary to make room for recent cases. If a patient
8 who is to be so discharged entered the hospital voluntarily,
9 the administrator shall notify the ~~auditor of regional~~
10 administrator for the county interested at least ten days in
11 advance of the day of actual discharge.

12 Sec. 48. Section 226.34, subsection 2, Code 2015, is amended
13 to read as follows:

14 2. If a patient in a mental health institute dies from any
15 cause, the superintendent of the institute shall within three
16 days of the date of death, send by certified mail a written
17 notice of death to all of the following:

18 a. The decedent's nearest relative.

19 b. The clerk of the district court of the county from which
20 the patient was committed.

21 c. The sheriff of the county from which the patient was
22 committed.

23 d. The regional administrator for the county from which the
24 patient was committed.

25 Sec. 49. Section 227.1, Code 2015, is amended to read as
26 follows:

27 **227.1 ~~Supervision~~ Definitions — supervision.**

28 1. For the purposes of this chapter, unless the context
29 otherwise requires:

30 a. "Administrator" means the person assigned by the director
31 of human services in the appropriate division of the department
32 to administer mental health and disability services.

33 b. "Department" means the department of human services.

34 c. "Mental health and disability services region" means
35 a mental health and disability services region formed in

1 accordance with section 331.389.

2 d. "Regional administrator" means the regional administrator
3 of a mental health and disability services region, as defined
4 in section 331.388.

5 2. All The regulatory requirements for county and private
6 institutions wherein where persons with mental illness or an
7 intellectual disability are kept admitted, committed, or placed
8 shall be under the supervision of the administrator.

9 Sec. 50. Section 227.2, subsection 1, unnumbered paragraph
10 1, Code 2015, is amended to read as follows:

11 The director of inspections and appeals shall make, or cause
12 to be made, at least one licensure inspection each year of
13 every county care facility. Either the administrator of the
14 division or the director of the department of inspections and
15 appeals, in cooperation with each other, upon receipt of a
16 complaint or for good cause, may make, or cause to be made,
17 a review of a county care facility or of any other private
18 or county institution where persons with mental illness or
19 an intellectual disability reside. A licensure inspection
20 or a review shall be made by a competent and disinterested
21 person who is acquainted with and interested in the care of
22 persons with mental illness and persons with an intellectual
23 disability. The objective of a licensure inspection or a
24 review shall be an evaluation of the programming and treatment
25 provided by the facility. After each licensure inspection of a
26 county care facility, the person who made the inspection shall
27 consult with the ~~county authorities~~ regional administrator
28 for the county in which the facility is located on plans and
29 practices that will improve the care given patients ~~and~~. The
30 person shall also make recommendations to the administrator of
31 the division and the director of public health for coordinating
32 and improving the relationships between the administrators of
33 county care facilities, the administrator of the division,
34 the director of public health, the superintendents of state
35 mental health institutes and resource centers, community

1 mental health centers, mental health and disability services
2 regions, and other cooperating agencies, to cause improved
3 and more satisfactory care of patients. A written report of
4 each licensure inspection of a county care facility under this
5 section shall be filed by the person with the administrator
6 of the division and the director of public health and shall
7 include:

8 Sec. 51. Section 227.2, subsection 1, paragraph f, Code
9 2015, is amended to read as follows:

10 *f.* The recommendations given to and received from ~~county~~
11 authorities the regional administrator on methods and practices
12 that will improve the conditions under which the county care
13 facility is operated.

14 Sec. 52. Section 227.2, subsection 2, Code 2015, is amended
15 to read as follows:

16 2. A copy of the written report prescribed by subsection
17 1 shall be furnished to the county board of supervisors,
18 to the ~~county mental health and intellectual disability~~
19 ~~coordinating board or to its advisory board if the county board~~
20 ~~of supervisors constitutes ex officio the coordinating board~~
21 regional administrator for the county, to the administrator
22 of the county care facility inspected and to its certified
23 volunteer long-term care ombudsman, and to the department on
24 aging.

25 Sec. 53. Section 227.4, Code 2015, is amended to read as
26 follows:

27 **227.4 Standards for care of persons with mental illness or an**
28 **intellectual disability in county care facilities.**

29 The administrator, in cooperation with the department of
30 inspections and appeals, shall recommend and the mental health
31 and disability services commission created in section 225C.5
32 shall adopt, or amend and adopt, standards for the care of and
33 services to persons with mental illness or an intellectual
34 disability residing in county care facilities. The standards
35 shall be enforced by the department of inspections and appeals

1 as a part of the licensure inspection conducted pursuant to
2 chapter 135C. The objective of the standards is to ensure
3 that persons with mental illness or an intellectual disability
4 who are residents of county care facilities are not only
5 adequately fed, clothed, and housed, but are also offered
6 reasonable opportunities for productive work and recreational
7 activities suited to their physical and mental abilities and
8 offering both a constructive outlet for their energies and, if
9 possible, therapeutic benefit. When recommending standards
10 under this section, the administrator shall designate an
11 advisory committee representing administrators of county care
12 facilities, ~~county mental health and developmental disabilities~~
13 ~~regional planning councils~~ regional administrators, mental
14 health and disability services region governing boards,
15 and county care facility certified volunteer long-term care
16 ombudsmen to assist in the establishment of standards.

17 Sec. 54. Section 227.10, Code 2015, is amended to read as
18 follows:

19 **227.10 Transfers from county or private institutions.**

20 Patients who have been admitted at public expense to
21 any institution to which this chapter is applicable may be
22 involuntarily transferred to the proper state hospital for
23 persons with mental illness in the manner prescribed by
24 sections 229.6 to 229.13. The application required by section
25 229.6 may be filed by the administrator of the division or
26 the administrator's designee, or by the administrator of the
27 institution where the patient is then being maintained or
28 treated. If the patient was admitted to that institution
29 involuntarily, the administrator of the division may arrange
30 and complete the transfer, and shall report it as required of
31 a chief medical officer under section 229.15, subsection 5.
32 The transfer shall be made at county expense, and the expense
33 recovered, as provided in section 227.7. However, transfer
34 under this section of a patient whose expenses are payable in
35 whole or in part by a county is subject to an authorization for

1 the transfer through the ~~central point of coordination process~~
2 regional administrator for the patient's county of residence.

3 Sec. 55. Section 227.11, Code 2015, is amended to read as
4 follows:

5 **227.11 Transfers from state hospitals.**

6 A regional administrator for the county chargeable with
7 the expense of a patient in a state hospital for persons with
8 mental illness shall transfer the patient to a county or
9 private institution for persons with mental illness that is in
10 compliance with the applicable rules when the administrator
11 of the division or the administrator's designee orders the
12 transfer on a finding that the patient is suffering from
13 chronic mental illness or from senility and will receive equal
14 benefit by being so transferred. A county shall transfer to
15 its county care facility any patient in a state hospital for
16 persons with mental illness upon request of the superintendent
17 of the state hospital in which the patient is confined
18 pursuant to the superintendent's authority under section
19 229.15, subsection 5, and approval by the ~~board of supervisors~~
20 of regional administrator for the county of the patient's
21 residence. In no case shall a patient be thus transferred
22 except upon compliance with section 229.14A or without the
23 written consent of a relative, friend, or guardian if such
24 relative, friend, or guardian pays the expense of the care of
25 such patient in a state hospital. Patients transferred to a
26 public or private facility under this section may subsequently
27 be placed on convalescent or limited leave or transferred to
28 a different facility for continued full-time custody, care,
29 and treatment when, in the opinion of the attending physician
30 or the chief medical officer of the hospital from which the
31 patient was so transferred, the best interest of the patient
32 would be served by such leave or transfer. For any patient
33 who is involuntarily committed, any transfer made under this
34 section is subject to the placement hearing requirements of
35 section 229.14A.

1 Sec. 56. Section 227.12, Code 2015, is amended to read as
2 follows:

3 **227.12 Difference of opinion.**

4 When a difference of opinion exists between the
5 administrator of the division and the authorities in charge
6 of any private or county hospital in regard to the ~~removal~~
7 transfer of a patient ~~or patients~~ as ~~herein~~ provided in
8 sections 227.10 and 227.11, the matter shall be submitted to
9 the district court of the county in which such hospital is
10 situated and shall be summarily tried as an equitable action,
11 and the judgment of the district court shall be final.

12 Sec. 57. Section 227.14, Code 2015, is amended to read as
13 follows:

14 **227.14 Caring for persons with mental illness from other**
15 **counties.**

16 ~~Boards of supervisors of counties having no~~ The regional
17 administrator for a county that does not have proper facilities
18 for caring for persons with mental illness may, with the
19 consent of the administrator of the division, provide for such
20 care at the expense of the county in any convenient and proper
21 county or private institution for persons with mental illness
22 which is willing to receive ~~them~~ the persons.

23 Sec. 58. Section 229.1, subsection 3, Code 2015, is amended
24 by striking the subsection.

25 Sec. 59. Section 229.1, Code 2015, is amended by adding the
26 following new subsections:

27 NEW SUBSECTION. 8A. *"Mental health and disability services*
28 *region"* means a mental health and disability services region
29 formed in accordance with section 331.389.

30 NEW SUBSECTION. 14A. *"Regional administrator"* means the
31 regional administrator of a mental health and disability
32 services region, as defined in section 331.388.

33 Sec. 60. Section 229.1B, Code 2015, is amended to read as
34 follows:

35 **229.1B ~~Central point of coordination process~~ Regional**

1 administrator.

2 Notwithstanding any provision of this chapter to the
3 contrary, any person whose hospitalization expenses are
4 payable in whole or in part by a county shall be subject
5 to all administrative requirements of the ~~central point of~~
6 ~~coordination process~~ regional administrator for the county.

7 Sec. 61. Section 229.2, subsection 1, paragraph b,
8 subparagraph (3), Code 2015, is amended to read as follows:

9 (3) As soon as is practicable after the filing of a
10 petition for juvenile court approval of the admission of the
11 minor, the juvenile court shall determine whether the minor
12 has an attorney to represent the minor in the hospitalization
13 proceeding, and if not, the court shall assign to the minor
14 an attorney. If the minor is financially unable to pay for
15 an attorney, the attorney shall be compensated by the county
16 at an hourly rate to be established by the ~~county board of~~
17 ~~supervisors~~ regional administrator for the county in which the
18 proceeding is held in substantially the same manner as provided
19 in section 815.7.

20 Sec. 62. Section 229.8, subsection 1, Code 2015, is amended
21 to read as follows:

22 1. Determine whether the respondent has an attorney
23 who is able and willing to represent the respondent in the
24 hospitalization proceeding, and if not, whether the respondent
25 is financially able to employ an attorney and capable of
26 meaningfully assisting in selecting one. In accordance with
27 those determinations, the court shall if necessary allow the
28 respondent to select, or shall assign to the respondent, an
29 attorney. If the respondent is financially unable to pay an
30 attorney, the attorney shall be compensated by the county
31 at an hourly rate to be established by the ~~county board of~~
32 ~~supervisors~~ regional administrator for the county in which the
33 proceeding is held in substantially the same manner as provided
34 in section 815.7.

35 Sec. 63. Section 229.10, subsection 1, paragraph a, Code

1 2015, is amended to read as follows:

2 *a.* An examination of the respondent shall be conducted by
3 one or more licensed physicians, as required by the court's
4 order, within a reasonable time. If the respondent is detained
5 pursuant to section 229.11, subsection 1, paragraph "b",
6 the examination shall be conducted within twenty-four hours.
7 If the respondent is detained pursuant to section 229.11,
8 subsection 1, paragraph "a" or "c", the examination shall
9 be conducted within forty-eight hours. If the respondent
10 so desires, the respondent shall be entitled to a separate
11 examination by a licensed physician of the respondent's own
12 choice. The reasonable cost of the examinations shall, if the
13 respondent lacks sufficient funds to pay the cost, be paid by
14 the regional administrator from county funds upon order of the
15 court.

16 Sec. 64. Section 229.11, subsection 1, unnumbered paragraph
17 1, Code 2015, is amended to read as follows:

18 If the applicant requests that the respondent be taken into
19 immediate custody and the judge, upon reviewing the application
20 and accompanying documentation, finds probable cause to believe
21 that the respondent has a serious mental impairment and is
22 likely to injure the respondent or other persons if allowed
23 to remain at liberty, the judge may enter a written order
24 directing that the respondent be taken into immediate custody
25 by the sheriff or the sheriff's deputy and be detained until
26 the hospitalization hearing. The hospitalization hearing shall
27 be held no more than five days after the date of the order,
28 except that if the fifth day after the date of the order is a
29 Saturday, Sunday, or a holiday, the hearing may be held on the
30 next succeeding business day. If the expenses of a respondent
31 are payable in whole or in part by a county, for a placement
32 in accordance with paragraph "a", the judge shall give notice
33 of the placement to the ~~central point of coordination process~~
34 regional administrator for the county in which the court is
35 located, and for a placement in accordance with paragraph "b"

1 be authorized through the ~~central point of coordination process~~
2 county's regional administrator.

3 Sec. 68. Section 229.19, subsection 1, paragraphs a and b,
4 Code 2015, are amended to read as follows:

5 a. In each county with a population of three hundred
6 thousand or more inhabitants the ~~board of supervisors~~ county's
7 regional administrator shall appoint an individual who has
8 demonstrated by prior activities an informed concern for the
9 welfare and rehabilitation of persons with mental illness,
10 and who is not an officer or employee of the department of
11 human services nor of any agency or facility providing care
12 or treatment to persons with mental illness, to act as an
13 advocate representing the interests of patients involuntarily
14 hospitalized by the court, in any matter relating to the
15 patients' hospitalization or treatment under section 229.14
16 or 229.15. In each county with a population of under three
17 hundred thousand inhabitants, the chief judge of the judicial
18 district encompassing the county shall appoint the advocate.

19 b. The court or, if the advocate is appointed by the
20 ~~county board of supervisors~~ regional administrator, the ~~board~~
21 regional administrator shall assign the advocate appointed from
22 a patient's county of residence to represent the interests
23 of the patient. If a patient has no county of residence or
24 the patient is a state case, the court or, if the advocate
25 is appointed by the ~~county board of supervisors~~ regional
26 administrator, the ~~board~~ regional administrator shall assign
27 the advocate appointed ~~from~~ for the county where the hospital
28 or facility is located to represent the interests of the
29 patient.

30 Sec. 69. Section 229.19, subsection 3, Code 2015, is amended
31 to read as follows:

32 3. The court or, if the advocate is appointed by the ~~county~~
33 ~~board of supervisors~~ regional administrator, the ~~board~~ regional
34 administrator shall prescribe reasonable compensation for the
35 services of the advocate. The compensation shall be based

1 upon the reports filed by the advocate with the court. The
2 advocate's compensation shall be paid by the county in which
3 the court is located, either on order of the court or, if
4 the advocate is appointed by the ~~county board of supervisors~~
5 regional administrator, on the direction of the ~~board~~ regional
6 administrator. If the advocate is appointed by the court, the
7 advocate is an employee of the state for purposes of chapter
8 669. If the advocate is appointed by the ~~county board of~~
9 ~~supervisors~~ regional administrator, the advocate is an employee
10 of the county for purposes of chapter 670. If the patient or
11 the person who is legally liable for the patient's support is
12 not indigent, the ~~board~~ regional administrator shall recover
13 the costs of compensating the advocate from that person. If
14 that person has an income level as determined pursuant to
15 section 815.9 greater than one hundred percent but not more
16 than one hundred fifty percent of the poverty guidelines, at
17 least one hundred dollars of the advocate's compensation shall
18 be recovered in the manner prescribed by the ~~county board of~~
19 ~~supervisors~~ regional administrator. If that person has an
20 income level as determined pursuant to section 815.9 greater
21 than one hundred fifty percent of the poverty guidelines, at
22 least two hundred dollars of the advocate's compensation shall
23 be recovered in substantially the same manner ~~prescribed by the~~
24 ~~county board of supervisors~~ as provided in section 815.9.

25 Sec. 70. Section 229.24, subsection 3, unnumbered paragraph
26 1, Code 2015, is amended to read as follows:

27 If all or part of the costs associated with hospitalization
28 of an individual under this chapter are chargeable to a county
29 of residence, the clerk of the district court shall provide
30 to the regional administrator for the county of residence and
31 to the regional administrator for the county in which the
32 hospitalization order is entered the following information
33 pertaining to the individual which would be confidential under
34 subsection 1:

35 Sec. 71. Section 229.42, subsection 1, Code 2015, is amended

1 to read as follows:

2 1. If a person wishing to make application for voluntary
3 admission to a mental hospital established by chapter 226 is
4 unable to pay the costs of hospitalization or those responsible
5 for the person are unable to pay the costs, application for
6 authorization of voluntary admission must be made through a
7 ~~central point of coordination process~~ regional administrator
8 before application for admission is made to the hospital. The
9 person's county of residence shall be determined through the
10 ~~central point of coordination process~~ regional administrator
11 and if the admission is approved through the ~~central point~~
12 ~~of coordination process~~ regional administrator, the person's
13 admission to a mental health hospital shall be authorized as
14 a voluntary case. The authorization shall be issued on forms
15 provided by the department of human services' administrator.
16 The costs of the hospitalization shall be paid by the
17 county of residence to the department of human services and
18 credited to the general fund of the state, provided that the
19 mental health hospital rendering the services has certified
20 to the county auditor of the county of residence and the
21 regional administrator the amount chargeable to the county
22 and has sent a duplicate statement of the charges to the
23 department of human services. A county shall not be billed
24 for the cost of a patient unless the patient's admission is
25 authorized through the ~~central point of coordination process~~
26 regional administrator. The mental health institute and the
27 ~~county~~ regional administrator shall work together to locate
28 appropriate alternative placements and services, and to
29 educate patients and family members of patients regarding such
30 alternatives.

31 Sec. 72. Section 230.1, subsection 3, Code 2015, is amended
32 to read as follows:

33 3. A county of residence is not liable for costs and
34 expenses associated with a person with mental illness unless
35 the costs and expenses are for services and other support

1 authorized for the person through the ~~central point of~~
2 ~~coordination process~~ county's regional administrator. For
3 the purposes of this chapter, "~~central point of coordination~~
4 ~~process~~" "regional administrator" means the same as defined in
5 section ~~331.440~~ 331.388.

6 Sec. 73. Section 230.3, Code 2015, is amended to read as
7 follows:

8 **230.3 Certification of residence.**

9 If a person's county of residence is determined by the
10 county's ~~central point of coordination process~~ regional
11 administrator to be in another county of this state, the ~~county~~
12 regional administrator making the determination shall certify
13 the determination to the superintendent of the hospital to
14 which the person is admitted or committed. The certification
15 shall be accompanied by a copy of the evidence supporting
16 the determination. Upon receiving the certification, the
17 superintendent shall charge the expenses already incurred and
18 unadjusted, and all future expenses of the person, to the
19 county determined to be the county of residence.

20 Sec. 74. Section 230.20, subsection 2, paragraph b, Code
21 2015, is amended to read as follows:

22 *b.* The per diem costs billed to each county shall not exceed
23 the per diem costs billed to the county in the fiscal year
24 beginning July 1, 1996. However, the per diem costs billed to
25 a county may be adjusted annually to reflect increased costs,
26 to the extent of the percentage increase in the ~~total of county~~
27 ~~fixed budgets pursuant to the allowed growth factor adjustment~~
28 statewide per capita expenditure target amount, if any per
29 capita growth amount is authorized by the general assembly for
30 the fiscal year in accordance with section ~~331.439~~ 426B.3.

31 Sec. 75. Section 232.2, subsection 4, paragraph f,
32 subparagraph (3), Code 2015, is amended to read as follows:

33 (3) The transition plan shall be developed and reviewed
34 by the department in collaboration with a child-centered
35 transition team. The transition team shall be comprised of

1 the child's caseworker and persons selected by the child,
2 persons who have knowledge of services available to the child,
3 and any person who may reasonably be expected to be a service
4 provider for the child when the child becomes an adult or to
5 become responsible for the costs of services at that time.
6 If the child is reasonably likely to need or be eligible for
7 adult services, the transition team membership shall include
8 representatives from the adult services system. The adult
9 services system representatives may include but are not limited
10 to the administrator of county general relief under chapter
11 251 or 252 or ~~of the central point of coordination process~~
12 ~~implemented under section 331.440~~ regional administrator of
13 the county mental health and disability services region, as
14 defined in section 331.388. The membership of the transition
15 team and the meeting dates for the team shall be documented in
16 the transition plan.

17 Sec. 76. Section 235.7, subsection 2, Code 2015, is amended
18 to read as follows:

19 2. *Membership.* The department may authorize the governance
20 boards of decategorization of child welfare and juvenile
21 justice funding projects established under section 232.188 to
22 appoint the transition committee membership and may utilize
23 the boundaries of decategorization projects to establish
24 the service areas for transition committees. The committee
25 membership may include but is not limited to department of
26 human services staff involved with foster care, child welfare,
27 and adult services, juvenile court services staff, staff
28 involved with county general relief under chapter 251 or 252,
29 or ~~of the central point of coordination process implemented~~
30 ~~under section 331.440~~ a regional administrator of the county
31 mental health and disability services region, as defined
32 in section 331.388, in the area, school district and area
33 education agency staff involved with special education, and a
34 child's court appointed special advocate, guardian ad litem,
35 service providers, and other persons knowledgeable about the

1 child.

2 Sec. 77. Section 235A.15, subsection 2, paragraph c,
3 subparagraph (9), Code 2015, is amended to read as follows:

4 (9) To the administrator of an agency providing mental
5 health, intellectual disability, or developmental disability
6 services under a ~~county management plan developed pursuant~~
7 ~~to section 331.439~~ regional service system management plan
8 implemented in accordance with section 331.393, if the data
9 concerns a person employed by or being considered by the agency
10 for employment.

11 Sec. 78. Section 235B.6, subsection 2, paragraph c,
12 subparagraph (6), Code 2015, is amended to read as follows:

13 (6) To the administrator of an agency providing mental
14 health, intellectual disability, or developmental disability
15 services under a ~~county management plan developed pursuant~~
16 ~~to section 331.439~~ regional service system management plan
17 implemented in accordance with section 331.393, if the
18 information concerns a person employed by or being considered
19 by the agency for employment.

20 Sec. 79. Section 426B.2, subsection 2, Code 2015, is amended
21 to read as follows:

22 2. As used in this chapter, ~~and in sections 331.438 and~~
23 ~~331.439~~ section 331.424A, for purposes of population-based
24 funding calculations, "population" means the population shown
25 by the latest preceding certified federal census or the
26 latest applicable population estimate issued by the federal
27 government, whichever is most recent and available as of July
28 1 of the fiscal year preceding the fiscal year to which the
29 funding calculations apply.

30 Sec. 80. Section 426B.5, subsection 1, Code 2015, is amended
31 by striking the subsection.

32 Sec. 81. Section 426B.5, subsections 2 and 3, Code 2015, are
33 amended to read as follows:

34 2. *Risk pool.*

35 a. For the purposes of this ~~subsection~~ section, unless the

1 context otherwise requires, ~~"services fund"~~:

2 (1) "Mental health and disability services region" means
3 a mental health and disability services region formed in
4 accordance with section 331.389.

5 (2) "Regional administrator" means the regional
6 administrator of a mental health and disability services
7 region, as defined in section 331.388.

8 (3) "Services fund" means a county's mental health and
9 disabilities services fund created in section 331.424A.

10 b. A risk pool is created in the property tax relief fund.
11 The pool shall consist of the moneys credited to the pool by
12 law.

13 c. A risk pool board is created. The board shall consist
14 of two county supervisors, two county auditors, a member of
15 the mental health and disability services commission who is
16 not a member of a county board of supervisors, a member of
17 the county finance committee created in chapter 333A who is
18 not an elected official, a representative of a provider of
19 mental health or developmental disabilities services selected
20 from nominees submitted by the Iowa association of community
21 providers, and two ~~central point of coordination process~~
22 staff members of regional administrators of county mental
23 health and disability services, all appointed by the governor,
24 and one member appointed by the director of human services.
25 All members appointed by the governor shall be subject to
26 confirmation by the senate. Members shall serve for three-year
27 terms. A vacancy shall be filled in the same manner as the
28 original appointment. Expenses and other costs of the risk
29 pool board members representing counties shall be paid by the
30 county of origin. Expenses and other costs of risk pool board
31 members who do not represent counties shall be paid from a
32 source determined by the governor. Staff assistance to the
33 board shall be provided by the department of human services and
34 counties. Actuarial expenses and other direct administrative
35 costs shall be charged to the pool.

1 *d.* A ~~county~~ regional administrator must apply to the risk
2 pool board for assistance from the risk pool on or before
3 October 31. The purpose of the assistance shall be to provide
4 financial support for services provided by one or more of the
5 counties comprising the regional administrator's mental health
6 and disability services region. The risk pool board shall
7 make its final decisions on or before December 15 regarding
8 acceptance or rejection of the applications for assistance and
9 the total amount accepted shall be considered obligated.

10 *e.* Basic eligibility for risk pool assistance requires that
11 a county meet all of the following conditions:

12 (1) The county is in compliance with the regional service
13 system management plan requirements of section ~~331.439~~ 331.393.

14 (2) The county levied the maximum amount allowed for the
15 county's services fund under section 331.424A for the fiscal
16 year of application for risk pool assistance.

17 (3) In the fiscal year that commenced two years prior to
18 the fiscal year of application, the county's services fund
19 ending balance under generally accepted accounting principles
20 was equal to or less than twenty percent of the county's actual
21 gross expenditures for that fiscal year.

22 *f.* The board shall review the fiscal year-end financial
23 records for all counties that are granted risk pool assistance.
24 If the board determines a county's actual need for risk pool
25 assistance was less than the amount of risk pool assistance
26 granted to the county, the county shall refund the difference
27 between the amount of assistance granted and the actual need.
28 The county shall submit the refund within thirty days of
29 receiving notice from the board. Refunds shall be credited
30 to the risk pool. The mental health and disability services
31 commission shall adopt rules pursuant to chapter 17A providing
32 criteria for the purposes of this lettered paragraph and as
33 necessary to implement the other provisions of this subsection.

34 *g.* The board shall determine application requirements to
35 ensure prudent use of risk pool assistance. The board may

1 accept or reject an application for assistance in whole or in
2 part. The decision of the board is final.

3 *h.* The total amount of risk pool assistance shall be limited
4 to the amount available in the risk pool for a fiscal year. Any
5 unobligated balance in the risk pool at the close of a fiscal
6 year shall remain in the risk pool for distribution in the
7 succeeding fiscal year.

8 *i.* Risk pool assistance shall only be made available to
9 address one or more of the following circumstances:

10 (1) Continuing support for mandated services.

11 (2) Avoiding the need for reduction or elimination of
12 critical services when the reduction or elimination places
13 consumers' health or safety at risk.

14 (3) Avoiding the need for reduction or elimination of a
15 mobile crisis team or other critical emergency services when
16 the reduction or elimination places the public's health or
17 safety at risk.

18 (4) Avoiding the need for reduction or elimination of
19 the services or other support provided to entire disability
20 populations.

21 (5) Avoiding the need for reduction or elimination of
22 services or other support that maintain consumers in a
23 community setting, creating a risk that the consumers would be
24 placed in more restrictive, higher cost settings.

25 *j.* Subject to the amount available and obligated from the
26 risk pool for a fiscal year, the department of human services
27 shall annually calculate the amount of moneys due to eligible
28 counties in accordance with the board's decisions and that
29 amount is appropriated from the risk pool to the department
30 for payment of the moneys due. The department shall authorize
31 the issuance of warrants payable to the county treasurer for
32 the amounts due and the warrants shall be issued on or before
33 January 1.

34 *k.* On or before March 1 and September 1 of each fiscal year,
35 the department of human services shall provide the risk pool

1 board with a report of the financial condition of each funding
2 source administered by the board. The report shall include
3 but is not limited to an itemization of the funding source's
4 balances, types and amount of revenues credited, and payees
5 and payment amounts for the expenditures made from the funding
6 source during the reporting period.

7 1. If the board has made its decisions but has determined
8 that there are otherwise qualifying requests for risk pool
9 assistance that are beyond the amount available in the risk
10 pool fund for a fiscal year, the board shall compile a list of
11 such requests and the supporting information for the requests.
12 The list and information shall be submitted to the mental
13 health and disability services commission, the department of
14 human services, and the general assembly.

15 3. *Incentive pool.*

16 a. An incentive pool is created in the property tax relief
17 fund. The incentive pool shall consist of the moneys credited
18 to the incentive pool by law.

19 b. Moneys available in the incentive pool for a fiscal
20 year shall be distributed to those ~~counties~~ mental health and
21 disability services regions that either meet or show progress
22 toward meeting the purposes and intent described in section
23 ~~331.439, subsection 1, paragraph "c"~~ 225C.1. The moneys
24 received by a ~~county~~ region from the incentive pool shall be
25 used to build community capacity to support individuals covered
26 by the ~~county's~~ region's regional service system management
27 plan approved under section ~~331.439,~~ 331.393 in meeting such
28 purposes.

29 Sec. 82. REPEAL. Section 226.47, Code 2015, is repealed.

30 EXPLANATION

31 The inclusion of this explanation does not constitute agreement with
32 the explanation's substance by the members of the general assembly.

33 This bill relates to the redesign of mental health and
34 disabilities services (MH/DS) administered by regions comprised
35 of counties. Under the redesign provisions initially enacted

1 in 2012, each organization of counties as a region is governed
2 by a Code chapter 28E agreement and the region is to have
3 an administrative office, organization, or entity formed by
4 agreement of the counties participating in the region to
5 function on behalf of those counties, known as the regional
6 administrator and defined in Code section 331.388. The
7 redesign legislation maintained the financial responsibility
8 for MH/DS with each county but provided for the regional
9 administrator and the regional governance board to assume the
10 administrative functions on behalf of the county. The bill
11 makes conforming Code amendments relating to the redesign
12 legislation.

13 In general, references throughout the Code to the central
14 point of coordination (CPC) process (codified in Code section
15 331.440, which was repealed effective July 1, 2013, by 2011
16 Iowa Acts, ch. 123) are changed to instead refer to regional
17 administrators; references to the county mental health,
18 intellectual disability, and developmental disabilities
19 services fund are changed to mental health and disabilities
20 services fund (codified in Code section 331.424A, amended by
21 2012 Iowa Acts, ch. 1120, §132); and references to county
22 service management plans (codified in Code section 331.439,
23 repealed effective July 1, 2013, by 2011 Iowa Acts, ch.
24 123) are changed to instead refer to regional service system
25 management plans approved in accordance with Code section
26 331.393. References throughout the Code to responsibilities
27 for a county to provide or have administrative responsibility
28 for services or other responsibilities in connection with a
29 person in need of mental health or disability services are
30 changed to instead refer to the regional administrator. Prior
31 to the redesign, MH/DS services in each county were delineated
32 in a service management plan adopted by that county, subject
33 to approval by the department of human services (DHS). These
34 individual county plans were replaced by a regional service
35 system management plan effective beginning on July 1, 2014.

1 County MH/DS levy authority and spending authority remains
2 in Code section 331.424A. However, the name of the fund
3 was changed in the redesign legislation but references to
4 the old fund in other Code sections are corrected in the
5 bill. In addition, related Code changes are reflected in this
6 explanation.

7 References to waivers for providers of mental health
8 services approved under Code section 225C.7 to operate in lieu
9 of a community mental health center are stricken because the
10 Code section was repealed by 2014 Iowa Acts, ch. 1092, §152.
11 Code chapter 230A, relating to community mental health centers,
12 was substantially rewritten by 2011 Iowa Acts, ch. 121, and
13 the revisions took effect July 1, 2012. In the rewrite,
14 Code section 230A.107, codified the waiver authorization for
15 a for-profit corporation, nonprofit corporation, or county
16 hospital providing mental health services to county residents
17 pursuant to a waiver approved under section 225C.7, subsection
18 3, Code 2011, as of October 1, 2010, to be designated as a
19 community mental health center under Code chapter 230A. The
20 reference change is applied by the bill in the following Code
21 sections: 135.180, relating to mental health professional
22 shortage area program; 225C.19, relating to emergency mental
23 health crisis services system; and 225C.54, relating to the
24 mental health services system for children and youth.

25 References to the central point of coordination process
26 are changed to instead refer to the regional administrator in
27 the following Code sections: 222.2, providing definitions
28 for Code chapter 222, relating to the state resource centers;
29 222.13, relating to voluntary admissions of persons to a state
30 resource center; 222.59, relating to coordination between a
31 state resource center and county in identifying community-based
32 services for an individual; 222.60, relating to payment
33 of costs by county or state and diagnosis and evaluation
34 requirements; 222.61, relating to determination of a person's
35 residency status; 222.62, relating to the procedure when a

1 person's residency is determined to be another county; 222.63,
2 providing a procedure for a county to object to a residency
3 determination; 222.64, providing a procedure for when a
4 person's residency is determined to be outside of this state or
5 is unknown; 222.73, relating to billing of charges to counties
6 for the state resource centers; 225.11, providing a procedure
7 for commitment of a person to the state psychiatric hospital
8 at the university of Iowa; 225.15, relating to examination and
9 treatment at the state psychiatric hospital; 225.17, relating
10 to examination and treatment of private patients at the state
11 psychiatric hospital when costs are paid by a county; section
12 225C.2, providing definitions for Code chapter 225C; 225C.5,
13 relating to membership of the mental health and disability
14 services commission; section 225C.6, relating to the duties
15 of the MH/DS commission; 225C.14, relating to requirements
16 for a preliminary diagnostic evaluation before a person is
17 admitted to a state mental health institute (MHI); 225C.16,
18 requiring referrals for a preliminary diagnostic or prehearing
19 evaluation for persons desiring voluntary admission to a state
20 MHI; 225C.19, providing requirements for implementation of
21 an emergency mental health crisis services system; 226.9C,
22 relating to the dual diagnosis program at the state mental
23 health institute at Mount Pleasant; 227.10, relating to
24 transfers of patients from county or private facilities
25 for mental health treatment to a state institution; 229.1,
26 providing definitions for the involuntary commitment Code
27 chapter; 229.1B, providing that the CPC process applies to
28 persons who are involuntarily committed; 229.11, relating to
29 immediate custody of a person who is involuntarily committed;
30 229.13, relating to evaluation orders for persons who are
31 involuntarily committed; 229.14, relating to chief medical
32 officer reports; 229.14A, relating to placement orders; 229.42,
33 relating to county payment for a person voluntarily admitted to
34 an MHI; 230.1, relating to the costs and expenses associated
35 with the commitment of a person with mental illness to a state

1 hospital; 230.3, relating to a certification of residence for
2 purposes of charging expenses incurred for a commitment of
3 a person with a mental illness to a state hospital; 232.2,
4 relating to the membership of a transition team for a child
5 adjudicated as a child in need of assistance; 235.7, relating
6 to transition committees to address transition needs of
7 children receiving child welfare services who are age 16 or
8 older; and 426B.5, relating to the membership of the risk pool
9 board.

10 References to county board of supervisors or to a county
11 responsibility are changed to instead refer to the regional
12 administrator or MH/DS region, or to add such a reference in
13 the following Code sections: 222.6, relating to the catchment
14 areas for the two state resource centers; 222.12, relating to
15 investigations of deaths at a state resource center; 222.13,
16 relating to referrals for voluntary admissions of adults to
17 a state resource center; 222.14, relating to care provided
18 pending admission of a person to a state resource center;
19 222.63, relating to determination of residency findings;
20 222.74, relating to approval of state resource center charges;
21 222.92, relating to the use of net budgeting by the state
22 resource centers; 225.1, providing definitions for the
23 state psychiatric hospital Code chapter; 225.10, relating
24 to voluntary patients at the state psychiatric hospital;
25 225.12, relating to reports concerning voluntary public
26 patients at the state psychiatric hospital; 225.13, relating
27 to investigations of the financial condition of persons being
28 admitted to the state psychiatric hospital; 225.16, relating to
29 admission of voluntary public patients to the state psychiatric
30 hospital; 225.18, relating to appointment of attendants to
31 accompany committed persons to or from the hospital; 225.19,
32 relating to compensation of attendants; 225.21, relating to
33 claims for compensation of attendants; 225.24, relating to
34 county collection of the costs of care provided at the state
35 psychiatric hospital; 225.27, requiring notice of the discharge

1 or transfer of a patient from the state psychiatric hospital;
2 225C.13, authorizing DHS to lease portions of MHIs to certain
3 public and private organizations; 225C.14, 225C.15, 225C.16,
4 and 225C.17, relating to preliminary diagnostic evaluations
5 of persons with respect to admission to an MHI, county policy
6 regarding the evaluations, referral of voluntary patients
7 for the evaluations, and the use of alternative diagnostic
8 facilities for the evaluations; 225C.20, relating to provision
9 of individual case management services under the medical
10 assistance (Medicaid) program by counties; 226.32, requiring
11 notice to a county when a voluntary patient is discharged to
12 relieve overcrowding; 226.34, requiring notice when a patient
13 at an MHI dies; 227.1, relating to supervision of county and
14 private institutions for persons with mental illness or an
15 intellectual disability (often referred to as "county care
16 facilities") is amended to provide definitions for the Code
17 chapter including DHS and the MH/DS regions; 227.2, relating
18 to state inspection of county facilities; 227.4, relating
19 to standards adoption pertaining to county care facilities;
20 227.11, relating to transfers of patients from state hospitals;
21 227.12, relating to civil trials when there is a disagreement
22 between DHS and the authorities in charge of a county care
23 facility as to transfer of patients; 227.14, relating to care
24 provided at a county care facility to patients from another
25 county; 229.2 and 229.8, relating to compensation of attorneys
26 for minors applying for voluntary admission to an MHI and
27 respondents in involuntary commitment proceedings; 229.10,
28 relating to the payment of examinations with county funds;
29 229.19, relating to mental health advocates; 229.24, relating
30 to confidential records in involuntary commitment proceedings;
31 426B.2, relating to property tax relief fund payments; and
32 426B.5, relating to the risk pool and the incentive pool within
33 the property tax relief fund.

34 References to county management plans developed pursuant to
35 repealed Code section 331.439 are changed to regional service

1 system management plans implemented in accordance with Code
2 section 331.393 in the following Code sections: 222.60,
3 relating to payment of costs at a state resource center by
4 county or state and diagnosis and evaluation requirements;
5 222.73, relating to billing of per diem costs at a state
6 resource center; 235A.15 and 235B.6, relating to access to
7 child and dependent adult abuse registry record checks for
8 employment by an agency providing services under a plan;
9 426B.2, relating to property tax relief fund payments; and
10 426B.5, relating to the risk and incentive pools of the
11 property tax relief fund.

12 Current law in Code sections 222.73 and 230.20, limits an
13 increase in the per diem changed to a county for services
14 provided at a state resource center or a state mental health
15 institute to the percentage increase in the allowed growth
16 factor adjustment, a funding formula provision repealed by the
17 redesign. The bill instead references the per capita growth
18 amount, which replaced the repealed allowed growth factor in
19 the redesign legislation.

20 Code sections 222.13 and 222.13A, relating to voluntary
21 admissions to the state resource centers in general and
22 for minors in particular, are amended by providing for the
23 department of human services to assume responsibilities for
24 voluntary admissions of minors instead of counties. Code
25 section 222.60, relating to financial responsibilities of the
26 state and counties for the cost of admission or commitment or
27 for the treatment, training, instruction, care, habilitation,
28 support, and transportation of persons with an intellectual
29 disability, is amended. The amendment specifies the county
30 responsibility is present if the person is not eligible for
31 the medical assistance (Medicaid) program and the service is
32 covered by the regional service system management plan and
33 the state is responsible when the person is eligible for the
34 Medicaid program or is a state case.

35 Code section 226.47, a single definition Code section which

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1 is replaced in the bill by amending Code section 226.1 to
2 provide a multiple definition Code section, is repealed.